MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5%

FILING DATE

CLAIMS

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TOTAL DEP.		$\langle \neg$	115	$\langle \neg $	7	$\langle \neg $	
TOTAL CLAIMS		\$ 70°	95		16	250.24	
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